



Edmund G. Brown Jr.
Governor



Douglas Sale
Acting Executive Director



Stephanie Clendenin
Acting Director

**CALIFORNIA WORKFORCE INVESTMENT BOARD
HEALTH WORKFORCE DEVELOPMENT COUNCIL**

**June 30, 2011
10:00 a.m. – 3:00 p.m.**

**Courtyard Marriott Cal Expo
1782 Tribute Road
Sacramento, CA**

MEETING SUMMARY

I. Introduction and Opening Remarks

Chair Audrey Taylor, opened the meeting and welcomed everybody. She thanked staff and the other sub-committee members for the work they have done and asked that the Health Workforce Development Council (Council) members introduce themselves. Council members/designees who were in attendance are listed below:

Andrea Baker	Christine Mallon
Kevin Barnett	Lloyd McCabe
Steve Barrow	Caryn Rizell
Peter Cooper	Chad Silva
Diane Factor	Abby Snay
Gary Gugelchuk	Audrey Taylor
Cindy Kanamoto	Kathleen Velasquez
Brian Keefer	
Laura Long	
Cathy Martin	

Ms. Taylor recognized participants of the Regional Industry Clusters of Opportunity (RICO) grant, an initiative of the California Workforce Investment Board (State Board). She explained there were ten regions throughout California that had participated in the RICO and that some of those regions focused on health as part of their local focus. The regional teams gave presentations a few weeks earlier and their work included a great deal of engagement with their health workforce committees, health-related companies and educational entities. Ms. Taylor said we should see a lot of crossover with their work and the efforts of the Council.

II. Executive Director/Director Updates

The California Workforce Investment Board's (State Board) Acting Executive Director, Douglas Sale, gave an update on the following items, including:

- The State Health Care Workforce Development Grant (SHCWD) – the State Board was notified by the federal Health Resources and Services Agency (HRSA) that funding for the implementation grant we prepared and discussed at previous meetings, has not been included in the federal budget. The HRSA reminded grantees that the planning grant activities need to be completed by September 29, 2011.

Staff from the State Board, the Office of Statewide Health Planning and Development (OSHPD), and other partners decided that with, or without federal funding, health care workforce development is vital and California still needs to move forward.

It has been the State's position that the development of a comprehensive workforce development strategy for California is the ultimate goal of the Council and that the funding provided by HRSA has been a catalyst for systemic alignment and enhancement of multi-sector partnerships.

Mr. Sale mentioned that President Obama's proposed budget for FY 2012 does include a funding request for the SHCWD, but it is unknown whether or not this funding will be included in the final budget approved by Congress.

The State will continue to maintain this same sense of urgency because of the underlying need to address the current health care workforce shortage and preparation of the primary care workforce needed to implement health care reform in California. The State Board and the OSHPD look to the Council's continued engagement in our current health workforce planning efforts to help shape California's long term workforce strategy.

- The Workforce Investment Act of 1998 (WIA) system – Mr. Sale gave an update on the uncertainty in the WIA system regarding funding for the state fiscal year 2011-12. It is unknown at this time how much discretionary funding the states will receive. He explained that Congress's intent was to provide the states with only five percent discretionary funding, as opposed to the standard fifteen percent. The additional ten percent has been allocated to an innovation program that will offer grants to the states.

Steve Barrow commented that there are major California foundations that have significant investment in healthcare and said they will be stymied, if there isn't a comprehensive strategy, especially in the area of allied and auxiliary health. He said there should be a leadership conversation with the foundations to try and piece together funding. He discussed the timing of the foundations' funding cycles and emphasized the need to do something quickly.

Mr. Barrow mentioned that the State Rural Health Association will be going through all of the materials produced for the Council and sub-committees to determine if there were any recommendations specific to the rural environment.

Mr. Sale said that leveraged investments will be very important to the success of the development of successful workforce strategies. Mr. Sale mentioned that the Governor Brown Administration had not weighed-in regarding their plan for health care because of the ongoing focus on the completion of the state budget.

Ms. Taylor said that, from the State Board's perspective, they are looking for a strategy that would not only serve as one of the State Board's priorities in the next year, but could be moved forward as an initiative to the Governor's Office.. She mentioned the need for a statewide strategy that can be implemented at the local level and encouraged the Council to look at the reports and presentations done by the RICO teams, with a focus on health care.

The OSHPD Acting Director, Stephanie Clendenin, acknowledged the work of Dr. Carlisle, the Director of the OSHPD for the past ten years. Dr. Carlisle left the OSHPD to become the President of Charles Drew University. Ms. Clendenin shared her professional background and introduced Lupe Alonzo-Diaz as the new Acting Deputy Director for the OSHPD.

She thanked the Council and stakeholders (including the California Health Workforce Alliance (CHWA), the California Health Professions Consortium and the University of California San Francisco's Center for the Health Professions, to name a few) for their continued support and participation in the regional focus groups, the Career Pathways Sub-Committee and for sharing their work.

Ms. Clendenin stated that today's meeting would be focused on the information collected through all of those efforts and that the takeaways will be used to inform Secretary Dooley of the Health and Human Services Agency, Secretary Morgenstern of the Labor and Workforce Development Agency and Governor Brown's Administration. The information will assist in the determination of next steps, in terms of comprehensive health workforce planning. She also said that while both the OSHPD and the State Board had undergone a change of administration, they, as well as the Governor Brown Administration, are still committed to the efforts of the Council.

III. Action Item: Approval of April 20, 2011, Meeting Minutes

The April 20th meeting minutes were approved.

IV. Health Care Workforce Development Grant Activities

Health Care Workforce Development Planning Grant Requirements

The OSHPD's Healthcare Workforce Development Division Deputy Director, Angela Minniefield, reviewed the six planning grant requirements and how those requirements have been met to date.

- *Analysis of State labor market information in order to create health career pathways for students and adults, including dislocated workers*

This was one of the major efforts of the Career Pathways Sub-Committee. The committee met four times and used the model health workforce development model developed by CHWA, specifically Jeff Oxendine, as the base model to create the pathways. The development of the pathways leveraged the work of number of organizations, including the California Institute for Nursing, the California Social Work Education Center, the University of California Berkeley, the CHWA's Primary Care Initiative and the California Hospital Association's Clinical Lab Scientist Initiative.

- *Description of the academic and health care industry skill standards for high school graduations, for entry into postsecondary education and for various credentials*

This was another requirement addressed as a part of the Career Pathways Sub-Committee's work. The Department of Consumer Affairs is in the process of developing a resource guide that identifies the education levels and licensing requirements for licensees of the boards under their department.

- *Describe State secondary and postsecondary education and training policies, models or practices for the statewide health sector, including career information and guidance counseling*

This requirement was another major emphasis of the Career Pathways Sub-Committee and information was also gleaned from the regional focus groups.

- *Identify current and projected high demand state or regional health sectors for purposes of planning career pathways*
 - Several sources of information were used to identify the health workers that will be needed to successfully implement health care reform. We began by reviewing the literature and identifying health occupations with shortages, as well as those that are necessary to increase access to primary care services.
 - There was no consensus on the firm definition of "primary care". There is the traditional definition of "primary care", but what does that mean for California's workforce needs, in terms of service delivery models and regional variation?
 - Eleven regional focus groups were held to collect input about regional priorities and trends. We also looked at the information and professions cited in the Patient Protection and Affordable Care Act, the Employment Development Department's Labor Market Information Division data and the Career Pathway Sub-Committee discussions. There is an acknowledgement on the shortcomings with regard to health workforce data collection and reporting and the need to develop a data

workforce system that is responsive to the needs and challenges California is currently experiencing.

- *Identification of existing, federal state and private resources to recruit, educate, train, and retain a skilled health workforce and strengthen partnership*
 - Using information from state-administered programs, regional focus group discussions and other input, including information from the CHWA Data Workgroup, an inventory of known programs targeting students, graduates, institutions/organizations that are pursuing health careers, practicing in underserved areas or contributing to the development of the health workforce, was developed. The list is not exhaustive, but it begins to frame what some of the resources are and where gaps exist.
 - The Planning Ad Hoc Committee suggested the list be a living document and populated through the use of web-based technology that would allow organizations to include information about programs and resources in their region or local area.
- *Identification of federal or state policies and rules for developing a coherent and comprehensive health workforce development strategy*
 - While specific federal or state policies and rules needed to develop a coherent and comprehensive workforce development strategy have not been identified, there are several themes that have emerged. These themes will require an examination of federal/state policies and how they impact health workforce development. The issues revolve around education, recruitment and retention of a diverse health workforce, reimbursement, licensure and certification, data collection and reporting.

The next steps are to report to the HRSA on California's accomplishments under the workforce planning grant, with the hopes of being awarded an implementation grant.

Steve Barrow stated that the Career Pathway Sub-Committee was unable to complete all of the pathways and requested that a method for continuing the meetings be found. The issue was discussed and a motion was developed and approved, requesting funding be found to continue the Career Pathway Sub-Committee.

Career Pathways Sub-Committee

An overview of the work of the Career Pathway Sub-Committee was provided by Jennifer La Chance. The overview included:

- The methodology used by the Committee to develop the pathways
- A presentation of the Coordinated California Primary Care System Level Workforce Pathway
- Cross-Cutting Recommendations:
 - Awareness and Support
 - Academic Entry & Logistical Feasibility

- Financial Support and Incentives
- Training Program Capacity
- Diversity and Service
- Roles and Scope of Practice
- Infrastructure

Council member Cathy Martin walked through the pathway developed for the Clinical Laboratory Scientist (CLS) to illustrate the application of the model. The development of the pathway leveraged the work undertaken as part of the California Hospital Association's Workforce Initiative.

Council member comments and considerations on the presentation included:

- It has been difficult to offer CLS students internships at multiple hospitals because of competition issues
- Crossover in the use of CLS in health care and bio-technology
- The development of projections for CLS, given the different service delivery models that will arise in response to health care reform implementation
- The addition of Regional Occupational Program Centers and Adult Education to the description of post-secondary education/training
- The need to clarify action steps for the pathway recommendations and training funding possibilities
- The need to increase access to quality high paying jobs for people from low income and disadvantaged communities, through the use of bridge training and pre-requisite skill training
- The need to look at legislative interaction
- The identification of urgent issues that should be moved by the Council, in collaboration with the Administration
- General themes for recommendations, specific pathway recommendation skills and the need to prioritize the pathway recommendations.
- The need for clarification of the Council's charge and its work in relationship to the Governor's Administration

Ms. Minniefield reiterated the commitment of both the State Board and the OSHPD to go back to Secretary Dooley, Secretary Morgenstern, and the Governor Brown Administration to let them know "this is where we are", "here are the recommendations" and to ask for the Administration's support in moving forward.

V. Discussion: Emerging Themes for California's Health Workforce Strategy

State Board staff member Moreen Lane referred Council members to the document "Emerging Themes". Ms. Lane explained that staff from the OSHPD and the CWIB, along with the Planning Grant Ad Hoc Committee, reviewed findings from several of the planning grant input processes including: regional focus groups, the Career Pathways Sub-Committee, the California Health Professions Consortium's Diversity Workgroup, the CHWA's Primary Care Initiative, and identified eight emerging themes. The eight themes

also have sub-categories that have either been raised as issues/recommendations; the source for each issue/recommendation is noted in parenthesis. The themes are:

- Education
- Financial Incentives
- Data Collection
- Licensure and Certification
- Career Awareness
- Recruitment and Retention
- Reimbursement
- Diversity

Council members were asked if there additional themes that had not been included in the list.

Ms. Lane directed the Council to a document that detailed those recommendations that would need policy and regulatory action. She asked that the Council prioritize the emerging themes so that the work could be sequenced, and develop a methodology that will dig deeply into themes, examine the sub-themes and create action steps.

Council member comments and considerations included:

- The need to look at removing barriers and identify short actions that are revenue neutral
- The fact that input on labor/management agreements from the regional focus groups seems to be missing.
- The emerging themes document is not organized around what can be done and the steps that need to be taken. (Without out that information, it is not a useful document.)
- The need to look at the body of work that has been done by labor/management partnerships, specifically with education
- There is a need to look at setting criteria for a decision matrix with timeframes for completion (one year, five years, etc.). The criteria would have set values and could be used to mathematically sort the recommendations. It was suggested that facilitators be used to take the Council through a decision criteria matrix.
- The need for a clearer vision of what the end product will be. There are global recommendations and very specific recommendations and there is a need to define what is expected of an end product.
- Vice-chair Chad Silva asked if the Council wanted to reframe the recommendations and look at them through a different lens. Mr. Silva said that, at this point, we are looking at the recommendations at the very high level, and we need to prioritize them as to their importance and then use the other filters, as we drill down. We need to identify some immediate victories and some policy objectives that can be achieved to move this forward.
- There should be an agreement on a set of criteria to bring the huge volume of recommendations to a useable set, decide what the top priorities are, and determine what could happen in the next two to three years.

- The need to look at consolidating some of the recommendations to make them more manageable.
- It is important to look at all of the recommendations as a part of a system and understand their structural relationships. How do we create a system out of the labor side, the education side, the regulatory bodies and licensing entities, many of whom are outside of the state government?
- When looking at what's missing, is it ok to look at the social context? As we become more diverse, we cannot have the same goals or the same way of measuring success. Cultural differences bring different priorities in what is important in life. If we use the same "cookie cutter" expectation, we may not get the workforce we are looking for.
- The first step could be to choose four or five occupations and look at what needs to be done. We need to focus on the biggest need. We need to determine time frames and the first round of occupations.
- The work of the Career Pathway Sub-Committee was to identify barriers and was not inclusive of everything needed. Some of the recommendations were tasks or objectives and we won't be able to see everything until they were put into work plans. It will be difficult to get to action plans until we pull out those system type recommendations. There is a need to get specific with each of the categories. By choosing only three or four categories, we will be missing things by not looking at all of them.
- We do want to take a system approach that builds broad consensus and support. There is a need to articulate the big picture. We have been working with a systems pathway that offers a natural way to organize recommendations. This would create a better position to make decisions about specific occupations and make recommendations about systems-wide issues across multiple disciplines.
- The pathway model fits how we are starting to organize around the different careers. In going through the pathway, there were those cross cutting issues that bubbled up across all short-term occupations and could bring people out of their silos to work together.
- What is the overarching structure we are creating? Do we need a discussion or agreement on why we are doing this? Why are we focusing on workforce development in health care? Where are we going? Is it to increase access to quality care in all of our communities? Do we value cultural competency? Do we value this as entry level and career ladder opportunities? Do we value education? What are the values? And under that overarching framework we can pick the pillars. Maybe we need a facilitator to help us build that framework.
- We should create the structure and address the system issues that many of the organizations doing this work have been unable to solve.

VI. Discussion: Prioritize and Sequence Emerging Themes

Ms. Taylor summarized the discussion by saying that the Council needs to talk about how to frame its work and bring it forward. She said the Council must first say why they are doing the work, why it needs to be done, what it is important and what are the Council's values. Second, use the pathway model (without occupations) to take the global themes that have been bubbling up and lay these themes into that pathway, then prioritize them – looking for "low-hanging fruit", then move into the occupation specific pathways that will help us understand the global issues.

She went on say that health care is a very mature industry that has lots of regulations and barriers. The Council needs to break it down so that it makes sense to the layman, and so the Council can bring it to the State Board and have them say “let’s go for it”. The graphic and the pathway make sense and we need to set the context on why we are doing this and why it is urgent that we do this. The Career Pathway Sub-Committee presentation really resonated and clarified who we were targeting, and what we need to do. It will give the State Board a sense of direction on how they will need to work with the Council and give everyone a playbook from which to work.

The Council asked that, as a next step, the recommendations be organized under the Career Pathway model. There was discussion about how this would be accomplished.

Ms. Minniefield said there is a cultural misunderstanding about the labor/management partnership and how that it is represented in both the focus group findings, as well as the emerging themes document. There seems to be an action item around that and the need for follow up. The Planning Ad Hoc Committee could be used to assist staff in organizing the emerging themes under the pathway model and bring the information back to the Council at the September meeting.

Next steps would be to speak with the agency secretaries about priorities, given the absence of the implementation grant. It is known there is commitment at the agency level, but as to what form or fashion. We could then identify key short, medium and long-term priorities, lead agencies, including public/private partnerships, and how recommendations will be funded.

VII. Council Member Updates

- Abby Snay announced the Jewish Vocational Services had been awarded \$350,000 from the Employment Training Panel for incumbent worker training in health care. They will be working with the General Hospital in San Francisco on a new nurse hire program and with the Jewish Home and the Northeast Medical Services on a combination program for patient care, customer service and computer skills training. The intent is to upgrade skills for people in the pipeline and create more openings for entry level jobs.
- Steve Barrow reported there was finally an agreement between all of the telehealth partners. It passed the Senate Health Committee and will need to go the Appropriations Committee. The agreement will create a tool that can help with workforce and access. They have also received a small grant from the state Office of Rural Health to review the work that has been done as part of the planning grant and identify rural issues. The final planning is underway for the annual California State Rural Health Association conference and there will be a plenary session on workforce.
- Kevin Barnett reported that the California Health Workforce Alliance is completing a set of key informant interviews that will provide an additional set of recommendations and will be available to the Council.
- Diane Factor reported that Los Angeles County had received funding from the Medicaid waiver. Patient centered medical homes are being developed in county and

public/private clinics. The Health Workforce Program received funding and is participating in strategic planning meetings.

- Cindy Kanamoto announced the Department of Consumer Affairs was able to get all of the healing arts boards to include a voluntary survey in their system-wide enterprise system that will collect demographic information. Some healing arts boards are required by statute to collect that information, most of them are not. They have been working with the OSHPD to provide test files of the information that is currently collected. She reported that her unit had created a brochure that outlines the training and education for all healing arts professions and gives a brief overview of what each profession does. The brochure is currently in draft but will eventually be available in electronic form.

VIII. Next Steps

Javier Romero said that the next steps are to:

- Develop a summary of the Council meeting
- Take the recommendation forward to the Planning Ad Hoc Committee
- Prepare a briefing for our leadership to take to our respective agency secretaries
- Brief the State Board on the planning grant and the work of the Council
- Schedule the next Council meeting for September

IX. Public Comment

- Sherry Bailey, a representative of the California Association of Alcohol and Drug Abuse Counselors, responded to some of the questions raised during the Career Pathway Sub-Committee regarding data from the Association. She stated they are in the process of collecting that information and will provide it to the Council. She mentioned that short term ideas could be developed, including cost estimates and the impact on capacity. She asked that the career pathway developed during the Career Pathway Sub-Committee, but not included in the overall work of the Committee, be given consideration by the Council.

There was a discussion about the process for reviewing the pathway. Ms. Minniefield stated there was a commitment to study the pathways for Physician Assistant and Alcohol and Drug Abuse Counselors, and there might be further discussion on Direct Care workers. We have committed to finalizing those pathways but are unable to say when they will be completed.

Mr. Silva said the issue can be included as an action item for the agenda for the next meeting.

- Trish Stanionison also spoke on behalf of the California Association of Alcohol and Drug Abuse Counselors, representing the employers of drug and alcohol abuse counselors.

- John Troidl expressed concerns that he was unable to locate information about Council meetings on the State Board website. State Board staff walked Mr. Troidl through the process for locating the information.
- Joanna Patton spoke about her challenges in getting employment as a new nursing student. She is also getting her Master's degree, focusing on health policy nursing. She felt the need for internships, residencies and on-the-job training was missing from the recommendations. She asked if there was a way of combining licensures such as CLS and a RN, and if so, what would that look like. She also asked if nurses were being included in the medical home model.

Mr. Silva responded that the importance of internships and exposure to the work is one of the issues that the Council has been discussing.

Mr. Barrow said that approximately forty percent of clinic staff provides administrative support and there is a high turnover in that staff. He said we should focus on this staff as well as the staff that provides patient care.

Ms. Factor endorsed the concept of a work based apprenticeship model as described by Ms. Patton.

The meeting was adjourned at approximately 3:00pm.